

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE MATTER OF THE) **PROBATE NO.** _____
CONSERVATORSHIP OF:)
)
) **ANNUAL CONSERVATORSHIP REPORT**
_____) **AND ORDER**
)

1. This report is for the period from _____, 20____ to _____, 20____.
(use ending date of last accounting where applicable.)
2. Total cash on hand at close of the last accounting was: \$_____.
3. Total sum of funds received during this report period was: \$_____.
(Attach as Exhibit "A" itemization showing date received, source of funds and amount.)
4. Total of sum of disbursements made during this report period was: \$_____.
(Attach as Exhibit "B" itemization showing date, who was paid and amount paid for item or service.)
5. The balance of cash on hand at the close of this report period is: \$_____.
6. The other assets of the ward at the close of this report are: \$_____.
(Attach listing of assets held and the value or remaining balances marked Exhibit "C".
If assets remained the same as of the last listing my be used.)
7. Changes (were)(were not) made in investment during this report period. (Attach as Exhibit "D" itemized list of changes when applicable.)
8. The total value of assets of the ward at the close of this report period is: \$_____.
9. Amount of conservators bond is \$_____. Surety is: _____.
Order approving final report and termination should discharge surety and release bond.
10. (Check One)
____ The ward has no Guardian.
____ The name of the ward's Guardian is: _____.
11. (Answer Number 11 only if ward has no guardian.)
A. The residence and physical location of the ward is: _____
B. The ward's general physical and mental condition is: _____
12. Other information relating to affairs of the Conservatorship: (If conservatorship has special circumstances which do not adapt to this form, add Exhibit "F" setting out special circumstances in detail.)
13. Fees for Conservator are (hereby applied for) (waived). (Attach Affidavit per Iowa Code section 633.202).

(Note: Bank statements, checks, receipts, stubs and other items evidencing receipt of funds and payment must be available to the court on demand.)

14. Fees for Conservator's attorney (check one):

_____ should be set by the Court (Attach Affidavit per Iowa Code section 633.202, if fees requested);

_____ no fees requested;

_____ waived or not applicable.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date

Conservator Signature

Printed Name

Address

Telephone Number(s)

ORDER

The above (Annual) Report is approved and the Conservatorship of said ward shall be (continued) (terminated) (set for hearing on matter of termination).

Hearing date is: _____, 20__ at _____ o'clock __.m., at _____

Dated: _____, 20__.

RUTH B. KLOTZ
Associate Probate Judge
Fifth Judicial District of Iowa